



## DEPARTMENT OF THE NAVY

NAVAL HOSPITAL  
BOX 788250  
MARINE CORPS AIR GROUND COMBAT CENTER  
TWENTYNINE PALMS, CALIFORNIA 92278-8250

IN REPLY REFER TO:

NAVHOSP29PALMSINST 1750.1  
Code 0304  
9 June 1995

### NAVAL HOSPITAL TWENTYNINE PALMS INSTRUCTION 1750.1

From: Commanding Officer

Subj: ELDER AND DEPENDENT ADULT ABUSE

Ref: (a) NAVHOSP29PALMSINST 1752.1A  
(b) Cal Pen Code 368 (1992)  
(c) Accreditation Manual for Hospitals, Joint Commission on the Accreditation for Healthcare Organizations, Current Edition

Encl: (1) Checklist Dependent Adult/Elder Abuse  
(2) Report of Suspected Dependent Adult/Elder Abuse

1. Purpose. To establish policies and guidance for Naval Hospital, Twentynine Palms, California regarding recognition, identification and reporting of Adult/Elder Abuse consistent with those requirements mandated in references (a) through (c).

### 2. Definitions

#### a. Definitions of elder and dependent adult

(1) Elder means any family member or retiree residing in this area age 65 and over.

(2) Dependent adult for the purpose of this instruction means any family member over the age of 18 who has physical or mental limitations which restrict his/her ability to carry out normal activities.

#### b. Definitions related to abuse

(1) Abuse means physical abuse (including sexual abuse), neglect, intimidation, cruel punishment, fiduciary abuse, abandonment, or other treatment with resulting physical harm, pain; mental suffering, or the deprivation by a care custodian of goods or services necessary to avoid physical harm or mental suffering.

(2) Abandonment is desertion or willful forsaking of an elder or dependent adult by anyone having care or custody under circumstances in which a reasonable person would continue to provide care or custody.

(3) Isolation includes preventing an elder or dependent adult from receiving mail or telephone calls or contact with family or friends, or false imprisonment, or physical restraint to prevent meeting with visitors.

(4) Fiduciary abuse is a situation in which anyone who has care or custody or is in a position of trust with a suspected victim, takes, secretes, or appropriates money or property, to any use or purpose not in the due and lawful execution of his/her trust.

(5) Mental suffering is deliberately subjecting a person to fear, agitation, confusion, severe depression, or other forms of serious emotional distress through threats, harassment or other forms of intimidating behavior.

(6) Neglect is failure of any person having the care or custody of an elder or dependent adult to exercise "reasonable person" degree of care; this includes failure to:

(a) Assist in personal hygiene, or in provision of food, clothing or shelter.

(b) Provide medical care for physical and mental health needs (except that a person who voluntarily relies on treatment by spiritual means through prayer alone in lieu of medical treatment shall not be deemed neglected or abused).

(c) Prevent malnutrition.

(d) Protect from health and safety hazards.

(7) Physical Abuse:

(a) Assault: An unlawful attempt to commit a violent injury on another.

(b) Battery: A willful and unlawful use of force upon another.

(c) Assault with a deadly weapon or force likely to produce great bodily injury.

(d) Unreasonable physical constraint, or prolonged or continual deprivation of food or water.

(e) Sexual assault, which means any of the following:

1 Sexual battery: Touching an intimate part of a person who is institutionalized or unlawfully restrained, against that person's will, for purposes of sexual arousal.

2 Rape.

3 Incest.

9 June 1995

4 Sodomy.

5 Oral copulation.

6 Penetration with foreign object.

f) Use a physical or chemical restraint, or psychotropic medication under specified conditions.

3. Reporting of Abuse:

a. Mandated reporting:

(1) Reporters are defined as Health practitioner's (i.e., Physician, Nurse, Psychologist, Corpsmen etcetera).

(2) When to report:

(a) Observed any abuse.

(b) Observed a physical injury which indicates that physical abuse has occurred, such as noting injuries during the course of a physical exam by a physician.

(c) Is told by the suspected victim that she/he has been physically abused.

(3) Requirements:

(a) Required to report physical abuse immediately by telephone and to submit a written report within two working days to Adult Protective Services.

(b) Required to give his/her name.

(4) Immunity: Immune from civil or criminal liability for making the report.

(5) Penalty: Failure to report is a misdemeanor.

(6) Reporting of abuse other than physical:

(a) Anyone may report abuse when they have knowledge of or reasonably suspect other types of abuse or that the abused adult's emotional well-being is endangered in any other way.

(b) Required to give name.

(c) Immune from civil or criminal liability for making the report.

NAVHOSP29PALMSINST 1750.1  
9 June 1995

b. Non-mandated reporters:

(1) Defined: Any person other than a mandated reporter.

(2) Reporting abuse: Any person who knows, or reasonably suspects any type of abuse may report it.

(3) Requirements: Reporter is not required to give his/her name.

(4) Immunity: Immune from civil or criminal liability for making the report unless it can be proven that a false report was made and the reporter knew that the report was false.

c. Reporting procedures:

(1) Reports will be made to Adult Protective Services and Provost Marshal's Office.

(2) Complete Dependent Adult/Elder Abuse Checklist enclosure (1).

(3) Contact Mental Health at extension 2935 for Adult Protective Services reporting form and/or for further clarification of reporting procedures.

*C. S. Chitwood*

C. S. CHITWOOD

Distribution:  
List A

NAVHOSP29PALMSINST 1750.1  
9 June 1995

NAVAL HOSPITAL  
TWENTYNINE PALMS, CALIFORNIA 92278-8250

DATE\_\_\_\_\_

CHECK LIST  
DEPENDENT ADULT/ELDER ABUSE

Duty Doctor\_\_\_\_\_ Officer of the Day\_\_\_\_\_

OOD's Initials	Sequence to Follow	Remarks
	1. Determine if Dependent Adult/Elder Abuse Case	<u>Check one:</u> Physical Abuse_____ Possible Rape_____ Neglect <u>Fid</u>
	2. Privacy Act Signed (If possible)	
	3. Contact Adult Protective Services @ 619/366-4181	
	4. Complete written report (Within 2 days) call FAPLO @ X2935 for forms	
	5. Describe signs of abuse on ETR & indicate them on anatomical chart (Copy the ETR for FAR)	
	6. Call photographer after medical officer exam, if necessary (Color film required)	
	7. Arrange F/U contact with doctor and/or social worker	
	8. Social Worker/FAR notified	Time:_____
	9. Medical Officer notified	Time:_____
	10. NCIS notified @ X6275	Time:_____

Enclosure (1)

# RECEIVING AGENCY USE ONLY

County APS/Ombudsman Case Number \_\_\_\_\_ SSN \_\_\_\_\_  
 Law Enforcement Case/File Number \_\_\_\_\_

## A. VICTIM

NAME (LAST NAME FIRST):	AGE:	DATE OF BIRTH:	SEX: <input type="checkbox"/> M <input type="checkbox"/> F	RACE:	LANGUAGE (✓ CHECK ONE) <input type="checkbox"/> NON-VERBAL <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER (SPECIFY)
ADDRESS (IF FACILITY, INCLUDE NAME):			CITY:	TELEPHONE ( )	
PRESENT LOCATION (IF DIFFERENT FROM ABOVE):			CITY:	TELEPHONE ( )	
<input type="checkbox"/> DEVELOPMENTALLY DISABLED <input type="checkbox"/> MENTALLY DISABLED <input type="checkbox"/> PHYSICALLY HANDICAPPED <input type="checkbox"/> BRAIN IMPAIRED <input type="checkbox"/> FRAIL/ELDERLY <input type="checkbox"/> HOSPITALIZED ADULT <input type="checkbox"/> UNKNOWN (Functionally Impaired)					

## 3. REPORTING PARTY

NAME (print):	SIGNATURE	OCCUPATION	DATE OF THIS WRITTEN REPORT
RELATION TO VICTIM	WHERE TO CONTACT: (STREET) (CITY) (ZIP CODE)	TELEPHONE ( )	

## C. INCIDENT INFORMATION

DATE/TIME OF INCIDENT(S)	PLACE OF INCIDENT (✓ CHECK ONE) <input type="checkbox"/> OWN HOME <input type="checkbox"/> COMMUNITY CARE FACILITY <input type="checkbox"/> HOSPITAL <input type="checkbox"/> HOME OF ANOTHER <input type="checkbox"/> NURSING FACILITY <input type="checkbox"/> OTHER	ADDRESS	LEARNED OF INCIDENT BY (✓ CHECK ONE) <input type="checkbox"/> VERBAL REPORT <input type="checkbox"/> OBSERVATION
--------------------------	--	---------	---

## D. REPORTED TYPES OF ABUSE (✓ CHECK ALL THAT APPLY).

<b>1. PERPETRATED BY OTHERS</b> a. PHYSICAL <input type="checkbox"/> ASSAULT/BATTERY <input type="checkbox"/> CONSTRAINT OR DEPRIVATION <input type="checkbox"/> SEXUAL b. PHYSICAL AND/OR CHEMICAL RESTRAINT, MEDICATION, ISOLATION (CIRCLE ONE OR MORE) <input type="checkbox"/> OTHER (SPECIFY) _____ c. <input type="checkbox"/> NEGLECT d. <input type="checkbox"/> ABANDONMENT e. <input type="checkbox"/> MENTAL SUFFERING f. <input type="checkbox"/> FIDUCIARY g. <input type="checkbox"/> OTHER (SPECIFY) _____		<b>2. SELF-INFLICTED</b> a. PHYSICAL <input type="checkbox"/> NEGLECT <input type="checkbox"/> SUBSTANCE ABUSE <input type="checkbox"/> OTHER PHYSICAL ABUSE b. <input type="checkbox"/> SUICIDAL c. <input type="checkbox"/> FIDUCIARY d. <input type="checkbox"/> OTHER (SPECIFY) _____	
ABUSE RESULTED IN (✓ CHECK ALL THAT APPLY) <input type="checkbox"/> NO PHYSICAL INJURY <input type="checkbox"/> MINOR MEDICAL CARE <input type="checkbox"/> HOSPITALIZATION <input type="checkbox"/> CARE PROVIDER REQUIRED <input type="checkbox"/> DEATH <input type="checkbox"/> OTHER (SPECIFY) _____ <input type="checkbox"/> UNKNOWN			

## E. REPORTER'S OBSERVATIONS, BELIEFS, AND STATEMENTS BY VICTIM IF AVAILABLE: (LIST ANY POTENTIAL DANGER FOR INVESTIGATOR.) (ATTACH ADDITIONAL INFORMATION.)

## F. COLLATERAL CONTACTS (INCLUDE PERSONS BELIEVED TO HAVE KNOWLEDGE OF VICTIM OR ABUSE, IF AVAILABLE)

NAME	ADDRESS	TELEPHONE NO.	RELATIONSHIP

## G. FAMILY MEMBER OR OTHER PERSON RESPONSIBLE FOR VICTIM. (IF UNKNOWN, LIST CONTACT PERSON).

NAME	IF CONTACT PERSON ONLY ✓ CHECK <input type="checkbox"/>	RELATIONSHIP
ADDRESS	TELEPHONE ( )	

## H. RELATIONSHIP OF SUSPECTED ABUSER TO THE VICTIM

NAME OF SUSPECTED ABUSER	<input type="checkbox"/> CARE CUSTODIAN (type) _____ <input type="checkbox"/> HEALTH PRACTITIONER (type) _____	<input type="checkbox"/> PARENT <input type="checkbox"/> OFFSPRING <input type="checkbox"/> OTHER <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER RELATION (Specify) _____
ADDRESS	TELEPHONE ( )	SEX <input type="checkbox"/> M <input type="checkbox"/> F RACE AGE D.C.B. HEIGHT WEIGHT EYES HAIR

## I. VERBAL REPORT MADE (Check one ☐ Reported to Agency (See No. 1-5 on reverse side) ☐ Received by Agency (See No. 6 on reverse side).)

AGENCY:	OFFICIAL CONTACTED:	TELEPHONE ( )	DATE:	TIME:
---------	---------------------	------------------	-------	-------

## J. AGENCY USE ONLY

1. ☐ Evaluated/Investigation not warranted By: \_\_\_\_\_

2. Assigned ☐ ER ☐ Non-ER To: \_\_\_\_\_

3. Cross-Reported to: ☐ Ombudsman ☐ Law Enforcement ☐ CCL or Health Lic. ☐ Professional Board ☐ BMF & PA ☐ APS ☐ Other [Specify] \_\_\_\_\_

## General Instructions

1. Mandated reporters are to complete this form for each incident and each victim of suspected physical abuse of a dependent adult or elder person within two (2) working days of the telephone report to your County Adult Protective Services (APS) agency or local long-term care ombudsman program or local law enforcement agency. This form may also be used by mandated reporters for permissive reporting of each incident and each victim of suspected other types of abuse of a dependent adult or elder person.
2. If any item of information is unknown, write "unknown" beside the item.
3. Mandated reporters (see below) are required to give their names.
4. If the suspected abuse is physical abuse send one copy of this report to the County Adult Protective Services Agency\* or local law enforcement agency or if the suspected physical abuse occurred in a long-term care facility (i.e., nursing home, community care facility, residential care facility for the elderly, adult day health care center) send one copy of the report to the local long-term care ombudsman or a local law enforcement agency.
5. All reports of non-physical abuse may be sent to the local long-term care ombudsman if the suspected abuse occurred in a long-term care facility or to the County Adult Protective Services Agency if the suspected abuse occurred anywhere else.
6. This form is also to be used by the receiving agency to record information received through a telephone report of dependent adult/elder abuse. Complete shaded sections on the form when a telephone report of abuse is received as required by statute and the Department of Social Services.

## Reporting Instructions

### Purpose

This form, as adopted by the Department of Social Services, is required under Welfare and Institutions Code, Chapter 11, Division 9, Sections 15630(a)(1)(2) and 15633(a)(b).

Also, this form serves to document the information given by the reporting party on the suspected incident of physical abuse of an elder and dependent adult. "Elder" means any person residing in this state, 65 years of age or older, "Dependent adult" means any person residing in this state, between the ages of 18 and 64, who has physical or mental limitations which restrict his or her ability to carry out normal activities or to protect his or her rights including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age. "Dependent adult" includes any person between the ages of 18 and 64 who is admitted as an inpatient to a 24-hour health facility, as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code.

### Reporting Responsibilities

Any elder or dependent adult care custodian, health practitioner, or employee of a county adult protective services agency\* or a local law enforcement agency, who in his or her professional capacity or within the scope of his or her employment, either has observed an incident that reasonably appears to be physical abuse, has observed a physical injury where the nature of the injury, its location on the body, or the repetition of the injury, clearly indicates that physical abuse has occurred, or is told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, shall report the known or suspected instance of physical abuse either to the long-term care ombudsman coordinator or to a local law enforcement agency when the physical abuse is alleged to have occurred in a long-term care facility, or to either the county adult protective services agency\* (or to a local law enforcement agency when the physical abuse is alleged to have occurred anywhere else, immediately or as soon as possible by telephone, and shall prepare and send a written report (SOC 341) thereof within two (2) working days.

When two or more persons who are required to report are present and jointly have knowledge of a suspected instance of elder abuse or abuse of a dependent adult and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by the selected members of the reporting teams. Any member who has knowledge that the member designated to report has failed to do so, shall thereafter make a report.

Any person knowingly failing to report, when required, an instance of elder or dependent adult abuse is guilty of a misdemeanor punishable by imprisonment in the county jail for a maximum of six months or fined \$1,000 or both imprisonment and fine.

The identity of all persons who report under Chapter 11 shall be confidential and disclosed only between adult protective services agencies,\* local law enforcement agencies, long-term care ombudsman coordinators, Bureau of Medi-Cal Fraud and Patient Abuse of the Office of the Attorney General, licensing agencies, or their counsel, the district attorney in a criminal prosecution, or upon waiver of confidentiality by the reporter, or by court order.

### Reporting Party Definitions (Mandated Reporters)

Any elder or dependent adult care custodian, health practitioner or employee of a county adult protective services agency\* or a local law enforcement agency: "Care custodian" is defined as an administrator or an employee of any of the following public or private facilities which provide care for elders and dependent adults except persons who do not work directly with elder and dependent adults as part of their official duties (including support and maintenance staff):

24-hour health facilities [as defined in Health and Safety (H&S) 1250, 1250.2, 1250.3]

Clinics

Home health agencies

Adult day health care centers

Sheltered workshops

Camps

Respite care facilities

Residential care facilities for the elderly (H&S Code 1569.2)

Community care facilities (H&S Code 1502)

Regional center for persons with developmental disabilities

"Health Practitioner" means:

Physician and surgeon

Psychologist

Resident

Intern

Chiropractor

Dental Hygienist

Licensed clinical social worker

State Departments of Social Services and Health Services licensing divisions

County Welfare Departments

Patient's rights advocate offices

Office of the Long-term care ombudsman

Offices of public guardians and conservators

Secondary schools serving 18-22 year-old dependent adults and postsecondary educational institutions which serve dependent adults or elders

Any other protective or public assistance agency which provides health or social services to elders or dependent adults

[WIC Section 15610(h)]

Psychiatrist

Dentist

Podiatrist

Licensed nurse

Paramedic

Pharmacist

Optometrist

A marriage, family and child counselor trainee or unlicensed intern as defined in subdivision (c) of Section 4980.03 and Section 4980.44 respectively of the Business and Professions Code.

Marriage, family and child counselor or any other person licensed under Division 2 (commencing with Section 500) of the Business and Professions Code.

Any emergency medical technician I or II.

Any person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code.

State or county public health or social service employee who treats an elder or dependent adult for any condition.

Coroner.

Religious practitioner who diagnoses, examines or treats elders or dependent adults.

[WIC Section 15610(i)]

\*"Adult protective services agency" means a county welfare department except persons who do not work directly with elders or dependent adults as part of their official duties including support and maintenance staff. [WIC Section 15610(j)].